



REPORT OF UNCLAIMED PROPERTY  
**VERIFICATION FORM (UP-H)**

**A. HOLDER INFORMATION**

FEDERAL TAX IDENTIFICATION NUMBER		MN HOLDER ID#
HOLDER NAME		
MAILING ADDRESS		DATE/STATE OF INCORPORATION
CITY	STATE	ZIP CODE
CONTACT NAME		CONTACT PHONE
E-MAIL ADDRESS		
PREVIOUS NAME AND FORMER STREET ADDRESS		

**B. BUSINESS ACTIVITY:**

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Banking             | <input type="checkbox"/> Manufacturing      | <input type="checkbox"/> Public Authority      | <input type="checkbox"/> Loan Company       | <input type="checkbox"/> County           |
| <input type="checkbox"/> Agriculture         | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Financial Corporation | <input type="checkbox"/> Investment Company | <input type="checkbox"/> School District  |
| <input type="checkbox"/> Resource Extraction | <input type="checkbox"/> Public Utility     | <input type="checkbox"/> Wholesale             | <input type="checkbox"/> Brokerage          | <input type="checkbox"/> Mutual Funds     |
| <input type="checkbox"/> Construction        | <input type="checkbox"/> Non-Life Insurance | <input type="checkbox"/> Retail                | <input type="checkbox"/> Life Insurance     | <input type="checkbox"/> Service Provider |
|  |   |  | <input type="checkbox"/> City               | <input type="checkbox"/> Other            |

**C. PROPERTY INFORMATION**

- |   |    |
|---|----|
| 1. Total Value of Non-aggregate Properties            | \$ |
| 2. Total Value of Aggregate Properties                | \$ |
| 3. TOTAL \$ REPORTED/REMITTED                         | \$ |
| 4. Total Number Shares of Stock/Mutual Funds Remitted |    |
| 5. Total Number of Safe Deposit Boxes Remitted        |    |

**D. VERIFICATION**

State/Province/Commonwealth/District of \_\_\_\_\_ County/District/Parish/City of \_\_\_\_\_

I, \_\_\_\_\_ swear that I have prepared, or have caused to be prepared, and have examined this report as to property presumed abandoned under the Minnesota Unclaimed Property Law as state: that I am duly authorized to execute this report; and believe that said report is true, correct and complete as of said date, excepting for such property as has since ceased to be abandoned.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_